Columbus Civil Service Commission
50 West Gay Street, Room 600
Columbus, Ohio 43215

Certification List Addendum

Original Cert. List Number: _____ Original Cert. List Date: _____

Class Code: _____ Class Title: _____

Department: _____ Division: _____

Contact: _____ Extension Number: _____

DISPOSITION CODES

ADD	Additional Name	APP	Appointed	FTA	Failed To Appear
ANA	Appeared Not Appointed	CNI	Candidate Not Interested	VOI	Voided Certification
ANC	Appeared Not Considered	DEC	Declined Appointment	WAI	On Waiver

Candidate(s) Name	SSN	Rank/ Band	Original Disposition	Revised Disposition	Explanation

_____ _____ _____
Appointing Authority Signature   Date   CSC Verification